

How to fill out the NBS-OH  
Notification of registration of birth which occurred out of a licensed health facility

- Line 1: Enter the County or City where the birth is being registered
- Line 2: Name of newborn as it appears on the birth certificate last name, then first  
Indicate whether the baby is male or female
- Line 3: Complete name of Mother, last, first, then maiden name
- Line 4: Address of (Parent or Guardian) where baby can be found in the future  
Include number, street and apartment
- Line 5: Second part of address where baby can be found now and in the future  
Include City, State and Zip Code
- Line 6: Enter baby's birth weight in grams  
Enter baby's birthdate (MM/DD/YY)  
Enter baby's time of birth using a 24 hour clock (eg.15:41)
- Line 7: Enter Parent's or Guardian's telephone number where baby can be found
- Line 8: Indicate Yes or No if a Newborn Screening (NBS) test was done
- Line 9: Enter the facility where the NBS test was done if line 8 is a yes
- Line 10: Enter the date the NBS test was done (MM/DD/YY)
- Line 11: Complete the name of the baby's primary care provider  
Enter last name then first
- Line 12: Enter the full address of the baby's primary care provider  
Include address number, street and suite number if needed
- Line 13: Enter the location of the primary care provider  
Include City, State and Zip code
- Line 14: Enter the phone number of the baby's primary care provider
- Line 15: Indicate whether the baby has expired or not  
Indicate whether the parents refused the NBS test  
Indicate whether you are submitting a refusal form – only check this box if the  
parents bring in a refusal form with them – it is not the job of the birth registrar  
to get this filled out.